SB 2469 SD1

Measure Title: RELATING TO TELEHEALTH.

Report Title: Telehealth; Insurance; Health Care Providers;

Reimbursement

Description: Requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. Amends references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency. Effective 1/1/2050. (SD1)

Companion: HB2411

Package: None

Current Referral: HTH/TEC, CPN

Introducer(s): BAKER, CHUN OAKLAND, ENGLISH, GREEN, IGE, KEITH-

AGARAN, Ihara, Wakai

BARBARA A. YAMASHITA DEPUTY DIRECTOR



STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

P. O. Box 339 Honolulu, Hawaii 96809-0339

February 20, 2014

TO:

The Honorable Rosalyn H. Baker., Chair

Senate Committee on Commerce and Consumer Protection

FROM:

Barbara Yamashita, Deputy Director

SUBJECT:

S.B. 2469, S.D. 1 - RELATING TO TELEHEALTH

Hearing:

Thursday, February 20, 2014; 10:30 a.m. Conference Room 229, State Capitol

PURPOSE: The purpose of this bill is to require reimbursement for telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient, clarifies what health care providers are able to perform telehealth, and amends references to telemedicine to telehealth for consistency.

<u>DEPARTMENT'S POSITION</u>: The Department of Human Services (DHS) provides comments for consideration.

The Med-QUEST Division (MQD) supports evidence-based telehealth to expand access to quality healthcare. The MQD does cover telehealth psychiatric services and currently does provide for equivalent reimbursement for a face-to-face visit, and we currently have a requirement that the provider is required to have had at least one actual face-to-face visit prior to initiating telehealth visits.

The MQD does not support paying the same for disparate services. Payment typically follows Current Procedural Terminology methodology and is based on history, physical examination, and decision making. More comprehensive physical examinations can be performed in person. When a physical examination is not performed, the visit may be shorter in duration, and the provider may not be fully informed to develop a treatment plan.

In addition, while we believe that telehealth can be another tool to be utilized by healthcare professionals, we have concerns that codifying how reimbursement is to be made for services could impact the Medicaid program. The MQD must obtain approval from the federal government for all services provided through the Medicaid program, including reimbursement rates. Should the State mandate a reimbursement methodology that is not approved by the Centers for Medicare and Medicaid Services, it will result in the MQD having to provide and fund those services with 100% State funds.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII

STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 20, 2014

The Honorable Rosalyn H. Baker, Chair Senate Committee on Commerce and Consumer Protection Twenty-Seventh Legislature State Capitol State of Hawaii Honolulu, Hawaii 96813

Dear Senator Baker and Members of the Committee:

SUBJECT: SB 2469 SD1 - Relating to Telehealth.

The State Council on Developmental Disabilities **SUPPORTS SB 2469 SD1**. The purpose of this bill is to (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; and (3) Amend references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency.

The DD Council would like to highlight the second purpose noted within the bill which is to clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. The DD Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes an Objective, "Address all medical gaps in services, as indicated within the Individualized Service Plan by September 30, 2016." An activity to address the objective is to pursue statewide telemedicine opportunities. This bill would assist in the delivery of enhanced statewide health care services, increase access to services, and provide timely information to patients and health care providers.

Thank you for the opportunity to offer our **support of SB 2469 SD1**.

Sincerely,

Waynette K.Y. Cabral, MSW

Executive Administrator

J. Curtis Tyler III

Chair

PRESENTATION OF THE HAWAII MEDICAL BOARD

TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE Regular Session of 2014

Thursday, February 20, 2014 10:30 a.m.

WRITTEN COMMENTS ONLY

COMMENTS ON SENATE BILL NO. 2469, S.D. 1, RELATING TO TELEHEALTH.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Constance Cabral, and I am one of the Executive Officers of the Hawaii Medical Board ("Board"). The Board has no objections to this bill.

Thank you for the opportunity to provide comments on Senate Bill No. 2469, S.D. 1.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 20, 2014

The Honorable Rosalyn H. Baker, Chair The Honorable Brian T. Taniguchi, Vice Chair Senate Committee on Commerce and Consumer Protection

Re: SB 2469, SD1 - Relating to Telehealth

Dear Chair Baker, Vice Chair Taniguchi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2469, SD1. HMSA supports this measure. However, we offer a clarifying amendment for your consideration.

HMSA currently reimburses providers for services rendered via telehealth at the same level as a face-to-face encounter, as long as the patient is present during the examination. And, the examination must be an interactive medical examination and clinical assessment directed by the specialist or consulting provider.

As you know, HMSA also is heavily invested in furthering the usage of telehealth specifically through its Online Care program, aimed at improving access to care throughout the Islands. Residents can speak with an HMSA provider electronically, 24 hours-a-day, seven days-a-week. This is a program and not a claims-based telehealth service.

To ensure that this Bill does not necessitate equal reimbursement for a web-based telehealth program, like HMSA's Online Care, we offer the attached clarifying amendment for your consideration.

Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman

Vice President, Government Relations

Attachment

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A BILL FOR AN ACT

RELATING TO TELEHEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 2 3 4 5 6 7	SECTION 1. The legislature finds that one of the challenges facing the country's health care system is providing quality care to segments of the population who do not have access to essential services because of geographic limitations. The use of telehealth to deliver health care from a distance is an effective way of overcoming certain barriers to care, particularly for communities located in rural and remote areas. This is especially important in a state like Hawaii, where residents on the neighbor islands and in rural areas lack the same level of access to care that residents on Oahu enjoy.
8 9 10 11	The legislature further finds that telehealth services are used extensively across the country with no compromise in quality of care when the services are within the scope of practice of a provider. However, reimbursement policies vary between health plans, leading to confusion among health care providers and restrictions on patient access to quality health care.
12 13 14	The legislature additionally finds that requiring parity for telehealth services will empower consumer choice, reduce disparities in access to care, enhance health care provider availability, and improve quality of care.
15 16 17	The legislature also finds that various sections of the Hawaii Revised Statutes contain different definitions for or references to "telemedicine" and "telehealth" and notes that these definitions and references should be harmonized for consistency.
18	Accordingly, the purpose of this Act is to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; and
- (3) Amend references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" forconsistency.

SB 2469 Proposed SD2 - Attachment *SB 2469 Proposed SD2 - Attachment* *SB 2469 Proposed SD2 - Attachment* SECTION 2. Section 209E-2, Hawaii Revised Statutes, is amended by amending the definition of "medical and health care services" to read as follows:

- ""Medical and health care services" means medical research, clinical trials, and
 [telemedicine,] telehealth, but not routine medical treatment or services."
- 5 SECTION 3. Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:
- "(c) Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. There shall be no reimbursement for a telehealth consultation between health care providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction and the patient is accompanied by the treating health care provider at the time telehealth services are provided by the consulting health care provider.
- For the purposes of this section, "health care provider" means a provider of services, as defined in 42 U.S.C. 1395x(u), a provider of medical and other health services, as defined in 42 U.S.C. 1395x(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business[-], including but not limited to primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians licensed under chapter 453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, and dentists licensed under chapter 448."
- SECTION 4. Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:
- "(c) Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. There shall be no reimbursement for a telehealth consultation between health care providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction, and the patient is accompanied by the treating health care provider at the time telehealth services are provided by the consulting health care provider.
- For the purposes of this section, "health care provider" means a provider of services, as defined in 42 U.S.C. 1395x(u), a provider of medical or other health services, as defined in 42 U.S.C. 1395x(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business[-], including but not limited to primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians

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- licensed under chapter 453, advanced practice registered nurses licensed under chapter 457,
 psychologists licensed under chapter 465, and dentists licensed under chapter 448."
- SECTION 5. Section 432D-23.5, Hawaii Revised Statutes, is amended by amending
 subsection (c) to read as follows:
- "(c) Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. There shall be no reimbursement for a telehealth consultation between health care providers unless an existing health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction, and the patient is accompanied by the treating health care provider at the time telehealth services are provided by the consulting health care provider.
- For the purposes of this section, "health care provider" means a provider of services, as defined in 42 U.S.C. 1395x(u), a provider of medical or other health services, as defined in 42 U.S.C. 1395x(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business[-], including but not limited to primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians licensed under chapter 453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, and dentists licensed under chapter 448."
- SECTION 6. Section 440G-11.5, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:
- 21 "[f](a)[f] In conjunction with broadband services, the director shall:
 - (1) Promote and encourage use of telework alternatives for public and private employees, including appropriate policy and legislative initiatives;
 - (2) Advise and assist state agencies, and upon request of the counties, advise and assist the counties, in planning, developing, and administering programs, projects, plans, policies, and other activities to promote telecommuting by employees of state and county agencies;
 - (3) Support the efforts of both public and private entities in Hawaii to enhance or facilitate the deployment of, and access to, competitively priced, advanced electronic communications services, including broadband and its products and services and internet access services of general application throughout Hawaii;
 - (4) Make recommendations to establish affordable, accessible broadband services to unserved and underserved areas of Hawaii and monitor advancements in communications that will facilitate this goal;

SB 2469 Proposed SD2 - Attachment *SB 2469 Proposed SD2 - Attachment* *SB 2469 Proposed SD2 - Attachment*

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- 1 (5) Advocate for, and facilitate the development and deployment of, expanded broadband applications, programs, and services, including telework, [telemedicine,] telehealth, and elearning, that will bolster the usage of and demand for broadband level telecommunications;
- (6) Serve as a broadband information and applications clearinghouse for the State and a
 coordination point for federal American Recovery and Reinvestment Act of 2009 broadband related services and programs; and
- 7 (7) Promote, advocate, and facilitate the implementation of the findings and 8 recommendations of the Hawaii broadband task force established by Act 2, First Special Session 9 Laws of Hawaii 2007."
- SECTION 7. Section 453-1.3, Hawaii Revised Statutes, is amended to read as follows:
- "[[]§453-1.3[]] Practice of [telemedicine.] telehealth. (a) Subject to section 453-2(b), nothing in this section shall preclude any physician acting within the scope of the physician's license to practice from practicing [telemedicine] telehealth as defined in this section.
- 14 (b) For the purposes of this section, ["telemedicine"] "telehealth" means the use of 15 telecommunications services, as that term is defined in section 269-1, including but not limited to real-time video [or web conferencing] conferencing-based communication [or], secure 16 interactive and non-interactive web-based communication [to establish], and secure 17 asynchronous information exchange, to transmit patient medical information, including 18 diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, 19 for the purposes of delivering enhanced health care services and information to parties separated 20 by distance, establishing a physician-patient relationship, [to evaluate] evaluating a patient, or [to 21 treat] treating a patient. ["Telehealth" as used in chapters 431, 432, and 432D, includes 22 23 "telemedicine" as defined in this section.]
 - (c) [Telemedicine] Telehealth services shall include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and to identify underlying conditions or contraindications to the treatment recommended or provided.
 - (d) Treatment recommendations made via [telemedicine,] telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include a face-to-face visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable standard of care. For the purposes of prescribing a controlled substance, a physician-patient relationship shall be established pursuant to chapter 329.

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1	(e) All medical reports resulting from [telemedicine] telehealth services are part of a patient's
2	health record and shall be made available to the patient. Patient medical records shall be
3	maintained in compliance with all applicable state and federal requirements including privacy
4	requirements.

- (f) A physician shall not use [telemedicine] telehealth to establish a physician-patient relationship with a patient in this State without a license to practice medicine in Hawaii. Once a provider-patient relationship is established, a patient or physician licensed in this State may use [telemedicine] telehealth for any purpose, including consultation with a medical provider licensed in another state, authorized by this section, or as otherwise provided by law."
- SECTION 8. Section 453-2, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:
- "(b) Nothing herein shall:
 - (1) Apply to so-called Christian Scientists; provided that the Christian Scientists practice the religious tenets of their church without pretending a knowledge of medicine or surgery;
- 15 (2) Prohibit service in the case of emergency or the domestic administration of family remedies;
- 17 (3) Apply to any commissioned medical officer in the United States armed forces or public
 18 health service engaged in the discharge of one's official duty, including a commissioned medical
 19 officer employed by the United States Department of Defense, while providing direct
 20 [telemedicine] telehealth support or services to neighbor island beneficiaries within a Hawaii
 21 National Guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the
 22 commissioned medical officer employed by the United States Department of Defense is
 23 credentialed by Tripler Army Medical Center;
 - (4) Apply to any practitioner of medicine and surgery from another state when in actual consultation, including in-person, mail, electronic, telephonic, fiber-optic, or other [telemedicine] telehealth consultation with a licensed physician or osteopathic physician of this State, if the physician or osteopathic physician from another state at the time of consultation is licensed to practice in the state in which the physician or osteopathic physician resides; provided that:
 - (A) The physician or osteopathic physician from another state shall not open an office, or appoint a place to meet patients in this State, or receive calls within the limits of the State for the provision of care for a patient who is located in this State;
- 32 (B) The licensed physician or osteopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State; and

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SB 2469 Proposed SD2 - Attachment
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- (C) The laws and rules relating to contagious diseases are not violated;
- (5) Prohibit services rendered by any person certified under part II of this chapter to provide emergency medical services, or any physician assistant, when the services are rendered under the direction and control of a physician or osteopathic physician licensed in this State except for final refraction resulting in a prescription for spectacles, contact lenses, or visual training as performed by an oculist or optometrist duly licensed by the State. The direction and control shall not be construed in every case to require the personal presence of the supervising and controlling physician or osteopathic physician. Any physician or osteopathic physician who employs or directs a person certified under part II of this chapter to provide emergency medical services, or a physician assistant, shall retain full professional and personal responsibility for any act that constitutes the practice of medicine when performed by the certified person or physician assistant;
- 13 (6) Prohibit automated external defibrillation by:
 - (A) Any first responder personnel certified by the department of health to provide automated external defibrillation when it is rendered under the medical oversight of a physician or osteopathic physician licensed in this State; or
 - (B) Any person acting in accordance with section 663-1.5(e); or
 - (7) Prohibit a radiologist duly licensed to practice medicine and provide radiology services in another state from using [telemedicine] telehealth while located in this State to provide radiology services to a patient who is located in the state in which the radiologist is licensed. For the purposes of this paragraph:
 - "Radiologist" means a doctor of medicine or a doctor of osteopathy certified in radiology by the American Board of Radiology or the American Board of Osteopathy.

["Telemedicine"] "Telehealth" means the use of telecommunications services, as that term is defined in section 269-1, including but not limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, [such as] including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, [and deliver] for the purpose of delivering enhanced health care services and information to parties separated by distance. Standard telephone contacts, facsimile transmissions, or email texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this section."

SECTION 9. Section 455-1.5, Hawaii Revised Statutes, is amended to read as follows:

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SB 2469 Proposed SD2 - Attachment
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1	"[[]§455-1.5[]]	Exceptions; scope of chapter.	Nothing in this	chapter shall	be construed to
2	prohibit or restrict:				

- (1) The practice of a profession by individuals who are licensed, certified, or registered under the laws of this State who are performing services within their authorized scope of practice;
- 5 (2) The practice of naturopathic medicine by an individual employed by the government of 6 the United States while the individual is engaged in the performance of duties required of the 7 individual by the laws and regulations of the United States;
 - (3) The practice of naturopathic medicine by students enrolled in a school that meets the requirements of section 455-3. The performance of naturopathic medicine by students shall be pursuant to a course of instruction or assignments from an instructor and under the supervision of an instructor who is a naturopathic physician licensed pursuant to this chapter; and
 - (4) The practice by a doctor of naturopathic medicine duly registered or licensed in another state, territory, or the District of Columbia who is called into this State for consultation with a licensed naturopathic physician, including in-person, mail, electronic, telephonic, fiber-optic, or other [telemedicine] telehealth consultation; provided that:
 - (A) The naturopathic physician from another state shall not open an office, appoint a place to meet patients, or receive calls within this State for the provision of care for a patient who is located in this State; and
 - (B) The licensed naturopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State."
- SECTION 10. Section 457-2.7, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:
 - "(a) Practice as an advanced practice registered nurse means the scope of nursing in a category approved by the board, regardless of compensation or personal profit, and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse includes but is not limited to advanced assessment; telehealth; and the diagnosis, prescription, selection, and administration of therapeutic measures including over the counter drugs, legend drugs, and controlled substances within the advanced practice registered nurse's role and specialty-appropriate education and certification."
- SECTION 11. Section 466J-6, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

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- "(a) Any provision in this chapter to the contrary notwithstanding, a license shall not be 1 2 required for:
- 3 (1) A licensed medical practitioner in radiology;
- (2) A licensed practitioner of nuclear medicine; 4
- 5 (3) A licensed physician assistant;
- 6 (4) A licensed doctor of dentistry;
- 7 (5) A licensed dental technician;
- 8 (6) A licensed dental hygienist;

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- (7) A student in an approved school for radiographers, radiation therapists, or nuclear 10 medicine technologists, or in a school of medicine, podiatry, dentistry, or a chiropractic school; provided that the student is operating x-ray machines under the direct supervision of a licensed radiographer, licensed radiation therapist, licensed nuclear medicine technologist, or a qualified 13 person pursuant to this chapter; and
 - (8) A radiologist duly licensed to practice medicine and radiology services in another state who uses [telemedicine] telehealth while located in this State to provide radiology services to a patient who is located in the state in which the radiologist is licensed. For the purposes of this paragraph:
 - "Radiologist" means a doctor of medicine or a doctor of osteopathy certified in radiology by the American Board of Radiology or the American Board of Osteopathy.

["Telemedicine"] "Telehealth" means the use of telecommunications services, as that term is defined in section 269-1, including but not limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, [such as] including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, [and-deliver] for the purpose of delivering enhanced health care services and information to parties separated by distance. Standard telephone contacts, facsimile transmissions, or email texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this chapter."

SECTION 12. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

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SB 2469 Proposed SD2 - Attachment
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1 SECTION 13. This Act shall take effect on January 1, 2050.

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INTRODUCED BY:

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Report Title:
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Description:
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The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



Thursday – February 20, 2014 – 10:30am Conference Room 229

The Senate Committee on Commerce and Consumer Protection

To: Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

From: George Greene

President & CEO

Healthcare Association of Hawaii

Re: Testimony in Support

SB 2469 SD 1 — Relating to Telehealth

The Healthcare Association of Hawaii (HAH) is a 116 member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of SB 2469 SD 1, which would (1) require reimbursement for telehealth services to be equivalent to reimbursement for the same medical services provided in person; and (2) include primary care providers, mental health providers, oral health providers, advanced practice registered nurses, psychologists, and dentists as eligible telehealth providers.

SB 2469 SD 1 would modernize the practice of medicine in Hawaii by promoting telehealth—which is used effectively and extensively throughout the county—by requiring coverage for telehealth services. Telehealth is vitally important to a state like Hawaii, where many segments of the population face challenges in accessing quality health care due to geography. SB 2469 SD 1 would allow residents on the neighbor islands and in rural areas to access essential services that are readily available to patients in Honolulu. HAH supports SB 2469 SD 1, which would improve the quality of healthcare—and quality of life—for patients throughout the state through the expanded use of telehealth.

Thank you for the opportunity to testify in support of SB 2469 SD 1.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814 Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE:

Thursday, February 20, 2014

TIME:

10:30am

PLACE:

Conference Room 229

TO:

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair Senator Brian T. Taniguchi, Vice Chair

FROM: Hawaii Medical Association

Dr. Walton Shim, MD, President

Dr. Linda Rasmussen, MD, Legislative Co-Chair

Dr. Ron Keinitz, DO, Legislative Co-Chair

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

RE:

SB 2469 RELATING TO TELEHEALTH

Position: Support

This measure requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. This measure amends references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency.

HMA supports this measure on behalf of our neighbor island patients who rely on telehealth to maintain a regular relationship with their treating physician. Telehealth can be an important tool if used properly. HMA advises that a previous face-to-face consultation between the patient and the provider take place before a telehealth relationship is used to care for the patient.

The HMA also strongly supports provider to provider consultation via telehealth. Often times a patient will have a primary care provider on the island that they live on and a specialist that lives on Oahu. Telehealth allows these two providers to interact with the patient at one time. Provider to provider consultation is very important for patients that see providers on more than

Officers

President - Walton Shim, MD President-Elect — Robert Sloan Secretary - Thomas Kosasa, MD Immediate Past President — Stephen Kemble, MD Treasurer — Brandon Lee, MD Executive Director — Christopher Flanders, DO one island and can be extremely helpful in an emergency medical situation.

We find the description of providers of telehealth is confusing because physicians seem to be listed a oral health providers. We would recommend amending the language in multiple parts of the bill to be more in line with this:

Clarify that a health care provider of telehealth includes primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; and

Thank you for introducing this bill and for the opportunity to provide testimony.



February 20, 2014

The Honorable Rosalyn H. Baker, Chair
The Honorable Brian T. Taniguchi, Vice Chair

Committee on Commerce and Consumer Protection

Re: SB 2469, SD1 - Relating to Telehealth

Dear Chair Baker, Vice Chair Taniguchi, and Members of the Committee:

My name is Rick Jackson and I am Chairperson of the Hawaii Association of Health Plans ("HAHP") Public Policy Committee. HAHP is a non-profit organization consisting of nine (9) member organizations:

AlohaCare

Hawaii Medical Assurance Association

HMSA

Hawaii-Western Management Group, Inc.

Kaiser Permanente

MDX Hawai'i 'Ohana Health Plan University Health Alliance UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide testimony in support to SB 2469, SD1 which requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; amends references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency.

HAHP is aware of the benefits of telehealth in improving access to care throughout Hawaii, and believes in the intent of this Bill. We further recommend that the bill make reference to "medically necessary telehealth services" to be clear that medical evidence should support reimbursement for such services.

Thank you for the opportunity to provide testimony.

Sincerely,

Rick Jackson

Chair, Public Policy Committee

Submitted on: 2/18/2014

Testimony for CPN on Feb 20, 2014 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cecilia Mukai	Individual	Support	No

Comments: Aloha, As a long time healthcare provider, I have seen the evolution of the delivery systems. Hawaii needs to keep up with changing times and consumer needs for services to be delivered in meaninful ways. Reimbursing healthcare providers with fair rates is critical to maintaining the balance of pay-for-service necessary to support telehealth. Please vote in favor of SB 2469 to fully reimbusre healthcare providers for services equivalent to face-to-face encounters. Thank you, Cecilia Mukai, PhD, APRN-Rx, FNP-BC

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/17/2014

Testimony for CPN on Feb 20, 2014 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	Individual	Support	No

Comments: As a practicing Nurse Practitioner, I have been delivering health care for chronic conditions like Diabetes, and Hypertension for 5 years to our Hawaiian neighbor islands and remote US Pacific Territory Islands of Guam and Samoa. Our Veterans Administration telehealth care demonstrate good outcomes and the efficacy of telehealth in increasing access to high quality health care. This measure would increase access to our Ohana to care delivered by APRNs like me. We have much to offer and research demonstrates good outcomes for high quality safe and effective health care.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/16/2014

Testimony for CPN on Feb 20, 2014 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments:

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/18/2014

Testimony for CPN on Feb 20, 2014 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
victoria mathis	Individual	Support	No

Comments: As a resident and nurse practitioner on an outer island that has difficulty with access to health care. I support this bill.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Submitted on: 2/19/2014

Testimony for CPN on Feb 20, 2014 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Erwin Danzer	Individual	Support	No

Comments:

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.